



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

INFECTION REPORT

Effective Date: May 25, 2017

Policy #: IC-10

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- I. PURPOSE:** To provide an active system of reporting patient infections, evaluating treatment outcomes, and maintaining of records related to hospital acquired infections.
- II. POLICY:** An Infection Prevention Report (see Attachment A) will be completed on all infections. Recorded data will include identification and location of the patient, onset of symptoms, signs and symptoms, type of infection or disease (see Attachment B), date of culture, type of specimen sent, and treatment prescribed. Each completed Infection Prevention Report will be reviewed by the Infection Control Nurse with recommendations for follow up or prevention plans by the Infection Control Committee.
- III. DEFINITIONS:**
 - A. Infection: The state produced by the establishment of an infective agent in or on a suitable host which, under favorable conditions, multiplies and produces effects which are injurious.
 - B. Licensed Independent Practitioner (LIP): Physician, advanced practice nurse, or physician assistant with prescriptive authority.
- IV. RESPONSIBILITIES:**
 - A. All licensed nurses are responsible for:
 - 1. Promptly completing the Infection Prevention Report and faxing the data from the medication room to the Infection Control Nurse.
 - B. The Infection Control Nurse is responsible for:
 - 1. Reporting "Reportable Diseases" in accordance with requirements of the Department of Public Health and Human Services, Health Policy & Services Division.
 - 2. Preparing the monthly "Infection Surveillance Report" for the Medical staff meeting and for the Infection Control Committee.
 - 3. Providing training to treatment units, through the Nursing Supervisors and Staff Development on Infection Prevention issues.

C. The Infection Control Committee is responsible for:

1. Reviewing the monthly "Infection Surveillance Report."
2. Taking corrective action on issues related to Infection Prevention.
3. Making recommendations for prevention of infections when applicable.
4. Developing quality indicators, preparing quarterly summaries, and reporting results to the Quality Improvement Committee and the Medical Staff.

D. The consulting LIP for infection prevention is responsible for:

1. Reviewing the Infection Reports.
2. Reviewing the Infection Surveillance Report.
3. Reviewing all hospital policies for infection prevention and all policy changes dealing with infection prevention.

V. PROCEDURE:

A. Steps to be taken for the processing of Infection Prevention Reports:

- Step 1. The Infection Prevention Report is completed by the RN or LPN.
- Step 2. Fax the completed data to the Infection Control Nurse daily.
- Step 3. The Infection Control Nurse will review all Infection Report data. He/she will note trends or issues related to the types, locations, and frequency of infections. This information can be utilized to investigate possible sources of transmission on the various treatment units.
- Step 4. Reports will be reviewed at the next meeting of Infection Control Committee and summarized on the monthly Infection Surveillance Report. The Infection Control Committee will evaluate the appropriateness and effectiveness of treatment.
- Step 5. The Infection Surveillance Report will be distributed to the Infection Control Committee members, Hospital Administrator, Director of Nursing, Nurse Supervisors, and Medical Director after each Infection Prevention Meeting.
- Step 6. The Infection Control Nurse will present the Infection Surveillance Report quarterly to the QI Committee and the Medical Staff.

VI. REFERENCES: Webster's New Collegiate Dictionary; Montana Administrative Rules: Reporting regulations A.R.M. 16.28.201 through 16.28.204

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- VII. COLLABORATED WITH:** Infection Control Committee; Director of Nursing; Medical Director.
- VIII. RESCISSIONS:** #IC-10, *Infection Report* dated June 17, 2014; #IC-10, *Infection Report* dated October 1, 2009; # IC-10, *Infection Report* dated October 30, 2006; # IC-10, *Infection Report* dated December 18, 2002; # IC-10, *Infection Report* dated February 14, 2000; # IC-01-03, *Infection Report* dated February 27, 1995.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- IX. FOLLOW-UP RESPONSIBILITY:** Infection Control Nurse
- X. ATTACHMENTS:**
- A. [Infection Prevention Report form](#)
- B. [Reporting of Communicable Diseases in Montana](#)

_____/____/____
Jay Pottenger Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

All NEW infections are to be documented on this form by the RN or LPN and FAXED to the Pharmacy at 693-7181 as well as to the Infection Control Nurse at 693-7069 immediately after each entry. Reportable diseases (see attachment B) must be reported to the Nursing Supervisor, Infection Control Nurse, and LIP immediately.

[illegible]



Reporting of Communicable Diseases in Montana

Immediately report suspected or confirmed cases to your Local Health Department.

Click [HERE](#) to find your local health department.

If your Local Public Health Jurisdiction is Unavailable – Call (406)444-0273 24/7/365

All reportable diseases listed below whether suspected or confirmed or any unusual incident of unexplained illness or death in a human or animal with potential human health implications must be reported immediately to your local health jurisdiction.

Acquired Immune Deficiency Syndrome (AIDS)	Lyme disease
Anaplasmosis	Lymphogranuloma venereum
Anthrax ①	Malaria
Arboviral diseases, neuroinvasive and non-neuroinvasive (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)	Measles (rubeola) ①
Babesiosis	Meningococcal disease (<i>Neisseria meningitidis</i>) ①
Botulism (Infant, foodborne, other, and wound) ①	Mumps
Brucellosis ①	Pertussis ①
<i>Campylobacteriosis</i> ①	Plague (<i>Yersinia pestis</i>) ①
Chancroid	Poliomyelitis ①
<i>Chlamydia trachomatis</i> infection	Psittacosis
Coccidioidomycosis	Q Fever (<i>Coxiella burnetii</i>), acute and chronic
Colorado tick fever	Rabies human ① and animal (Including exposure to a human by a species susceptible to rabies infection)
Cryptosporidiosis	Rubella, including congenital ①
Cyclosporiasis	Salmonellosis ①
Dengue virus	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease ①
Diphtheria ①	Shigellosis ①
Ehrlichiosis	Smallpox ①
<i>Escherichia coli</i> , shiga-toxin producing (STEC) ①	Spotted fever rickettsiosis
Gastroenteritis outbreak	<i>Streptococcus pneumoniae</i> , invasive disease
Giardiasis	Streptococcal toxic shock syndrome (STSS)
Gonorrheal infection ①	Syphilis ①
Granuloma inguinale	Tetanus
<i>Haemophilus influenzae</i> , invasive disease ①	Tickborne relapsing fever
Hansen's disease (leprosy)	Toxic shock syndrome, non-streptococcal (TSS)
Hantavirus Pulmonary Syndrome/infection ①	Transmissible spongiform encephalopathies
Hemolytic uremic syndrome, post-diarrheal	Trichinellosis (Trichinosis) ①
Hepatitis A, acute	Tuberculosis ①
Hepatitis B, acute, chronic, perinatal	Tularemia
Hepatitis C, acute, chronic	Typhoid Fever ①
Human Immunodeficiency Virus (HIV) ①	Varicella (Chickenpox)
Influenza (including hospitalizations and deaths) ①	<i>Vibrio cholerae</i> infection (Cholera) ①
Lead Poisoning (blood levels ≥ 5 micrograms per deciliter)	Vibriosis ①
Legionellosis	Viral hemorrhagic fevers
Leptospirosis	Yellow fever
Listeriosis ①	Outbreak in an institutional or congregate setting

①-Indicates that a specimen/isolate must be sent to the Montana Public Health Laboratory for confirmation.

DPHHS March 2017